COVID-19 & Telehealth Implementation: Stories from the Field

Clinician Outreach and Communication Activity (COCA) Webinar

Tuesday, August 4, 2020

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- CDC did not accept commercial support for this continuing education activity.

Objectives

- Describe CDC's telehealth guidance

- Discuss frontline clinician experiences related to telehealth implementation across the spectrum of health services and diverse patient bases

- Discuss how current experiences can inform strategies to identify and improve telehealth access and equity

- List strategies to facilitate and promote telehealth and address barriers to implementation during COVID-19 and beyond

To Ask a Question

- All participants joining us today are in listen-only mode.

- Using the Webinar System
    - Click the "Q&A" button.
    - Type your question in the "Q&A" box.
    - Submit your question.

- Click the "CC" button in Zoom to enable closed captioning.
    - "CC" button is located either on the top or bottom of your screen.

- The video recording of this COCA Call will be posted at
https://emergency.cdc.gov/coca/calls/2020/callinfo_072820.asp and available to view
on-demand a few hours after the call ends.

- If you are a patient, please refer your questions to your healthcare provider.

- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to
media@cdc.gov.

Today's Presenters

- **Erica Tindall, MSN, MPH, APRN, AGNP-C, CIC**
  Public Health Analyst
  Northrop Grumman

- **Rasheda Prescott, MD**
  Clinical Instructor, Internal Medicine and Pediatrics
  Physician Informaticist, NYU Langone Health

- **Febe Wallace, MD**
  Director of Primary Care
  Cherokee Health Systems

- **Kemi Alli, MD**
  Chief Executive Officer
  Henry J. Austin Health Center
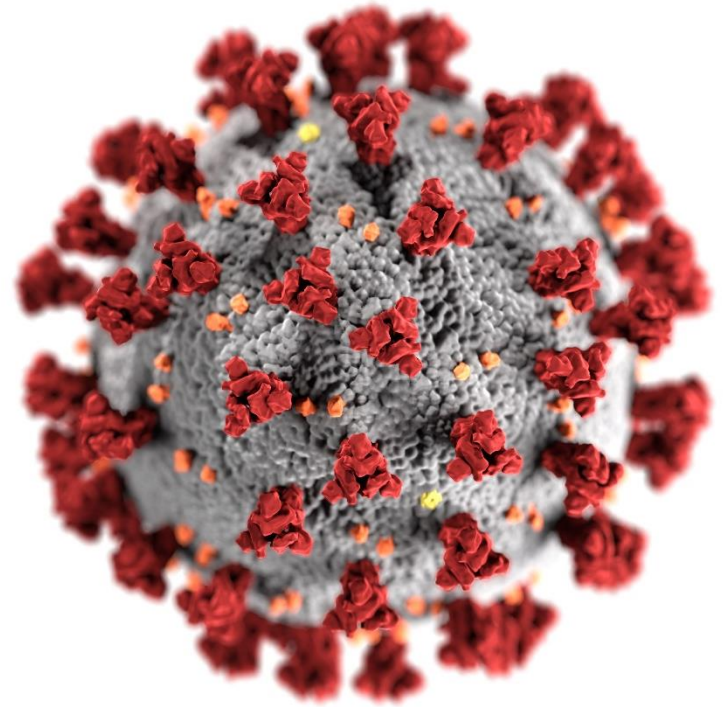
Objectives

- Define telehealth and telehealth modalities.

- Summarize policy changes that increased telehealth utilization during COVID-19 pandemic.

- Describe CDC COVID-19 Response telehealth guidance.

- Share telehealth resources and learning opportunities.

Telehealth

- Telehealth: *"a health care provider's use of information and communication technology (ICT) in the delivery of clinical and nonclinical health care services."*

Synchronous	• Real-time telephone • Live audio-video interaction
Asynchronous	• Store and forward technology • Patient portals
Remote Patient Monitoring	• Clinical measurement reporting • Patient wearable devices

Recent Legislative and Policy Changes Affect Telehealth Utilization

- HIPAA Flexibility to include new technology platforms.

- Federally qualified health centers (FQHCs) and rural health centers can serve as eligible sites of care for telehealth services during the COVID-19 response.

- Waiver allowing healthcare providers to use telehealth and wherever the patient is located.

- Providers may see both new and established patients.

- Out-of-state practitioners permitted to provide telehealth services in another state.

https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/
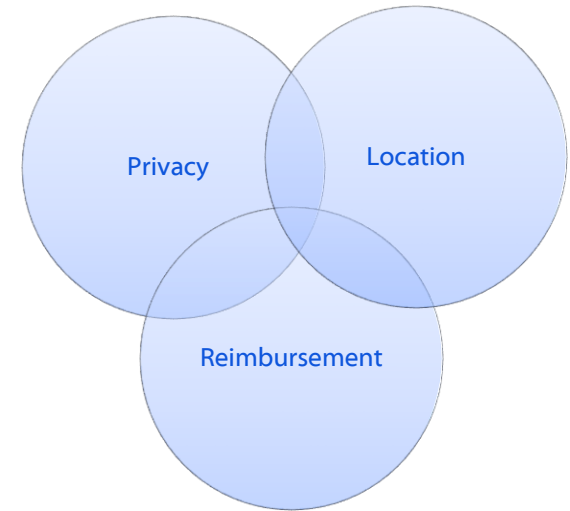
Telehealth & Public Health Alignment During COVID-19 Pandemic
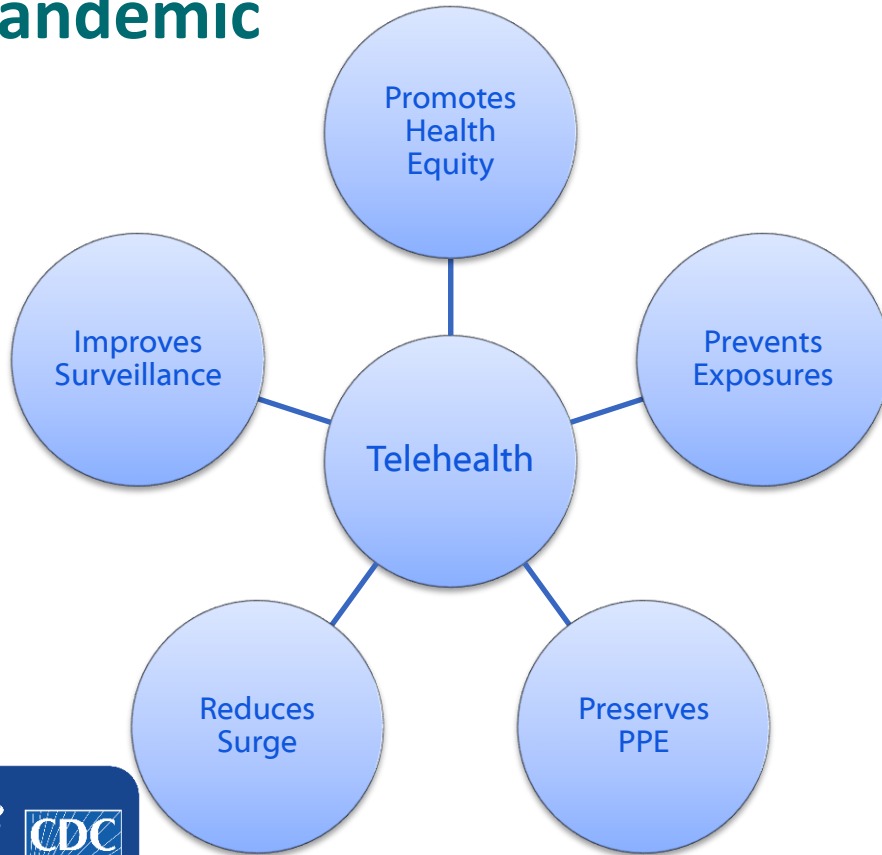
CDC's COVID-19 Telehealth Role:

- **Collaborating with federal partners on new and evolving telehealth federal initiatives.**
- **Monitoring trends in telehealth usage with key telehealth partners.**
- **Exploring how telemedicine can inform surveillance, improve health outcomes, and reduce impact on healthcare facility surge.**

Healthcare Systems Guidance: Telehealth Services

- Describes telehealth modalities, benefits, and uses from public health and clinical perspective.

- Provides limitations and safeguards for consideration.

- Integral part of the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care and Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic.

HEALTHCARE WORKERS

Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

Updated June 10, 2020   Print Page

Purpose of this Guidance

To describe the landscape of telehealth services and provide considerations for healthcare systems, practices, and providers using telehealth services to provide virtual care during and beyond the COVID-19 pandemic.

Background

Changes in the way that health care is delivered during this pandemic are needed to reduce staff exposure to ill persons, preserve personal protective equipment (PPE), and minimize the impact of patient surges on facilities. Healthcare systems have had to adjust the way they triage, evaluate, and care for patients using methods that do not rely on in-person services. Telehealth services help provide necessary care to patients while minimizing the transmission risk of SARS-CoV-2, the virus that causes COVID-19, to healthcare personnel (HCP) and patients.

On This Page

Background

Telehealth Modalities

Benefits and Potential Uses of Telehealth

Strategies to Increase Telehealth Uptake

Telehealth Reimbursement

Safeguards for Telehealth Services

Potential Limitations of Telehealth

References

https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html

Telehealth Promotion Across CDC COVID-19 Response

- Healthcare Systems Operations

- Relief Healthcare Facilities

- Infection Prevention

- Clinical Care

- Rural Health

- Community Intervention

Potential Uses of Telehealth

- Screen patients who may have [symptoms of COVID-19](#) and refer as appropriate.

- Provide low-risk urgent care for non-COVID-19 conditions, identify those persons who may need additional medical consultation or assessment, and refer as appropriate.

- Access primary care providers and specialists for chronic health conditions and medication management.

- Participate in physical therapy, occupational therapy, and other modalities as a hybrid approach to in-person care for optimal health

Potential Telehealth Limitations & Considerations

- Situations in which in-person visits are more appropriate
- Privacy limitations
- Limited access to technological devices (e.g., smartphone, tablet, computer) needed for a telehealth visit or connectivity issues
- Level of comfort with technology for healthcare personnel and patients
- Cultural acceptance of conducting virtual visits

Strategies to Increase Telehealth Utilization

- Use tele-triage methods for assessing and caring for all patients to decrease the volume of persons seeking care in facilities
- Communicate with insurers to understand availability of covered telehealth services
- Provide outreach to patients with limited technology and connectivity

Telehealth Resources

- Telehealth.hhs.gov: US federal government site with telehealth resources for healthcare providers and patients

- [National Consortium of Telehealth Resource Centers](#): Consists of 12 regional and 2 national Telehealth Resource Centers (TRCs) established to provide assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance

- [Medicaid & CHIP Telehealth Toolkit](#): Provides states with statutory and regulatory infrastructure considerations related to their telehealth capabilities and coverage policies

- [American Medical Association: Telehealth Implementation Playbook](#)

Federal Telehealth Resources

- **HHS Telemedicine Hack**
  - **Wednesday, July 22- Sept. 23, 2020, 12pm-1pm ET**
  - **Five teleECHO sessions** on key topics (e.g., workflows, documentation, reimbursement) highlighting best practices and case studies from the field.

  - **Five virtual "office hour" discussion panels** with case presenters, government agencies, topical experts, and stakeholder associations responding to your questions.
  - CME/CEU credits are available for attending, at no cost to participants.
- For more information, contact c19ECHO@salud.unm.edu.

Thank you

CDC COVID-19 Healthcare Systems and Worker Safety Task Force
Healthcare Systems Coordination Unit
eocmcctfhome@cdc.gov

Telehealth Services in Rural East Tennessee: Challenges and Opportunities

Febe Wallace, MD, FAAP

Director of Primary Care Services

Cherokee Health Systems

Knoxville, Tennessee

August 4, 2020

Telehealth Experience before COVID-19

- Psychiatry telehealth services began in 1999 to provide consultation to primary care clinics.

- Primary care telehealth services began in 2009 to provide service to a rural clinic with a gap in available onsite provider.

- These services required patient to come to the clinic but provider had capability to use stethoscope, otoscope and general examination cameras.

- Primary care and psychiatry services have expanded sites to include school-based services.

Our Mission...

To improve the quality of life
for our patients through the blending of
primary care and behavioral health.

Together...Enhancing Life

Primary Service Area

Calendar Year 2019

71,274 Patients   398,926 Services   16,922 New Patients

Number of Employees: 755

Provider Staff:

Psychologists - 49

Primary Care Physicians - 16

NP/PA (Primary Care) – 51

Community Workers - 26
   Pharmacists - 12

Cardiologist - 2

Nephrologist - 1

Ob/Gyn - 3

Dermatologists- 2

Psychiatrists - 6

NP (Psych) - 9

LCSWs - 55

Dentists – 3

Finding a Telehealth Solution for COVID-19

- Finding a telehealth solution that is easy for both patients and providers to use (No easy task).
  - OTTO
  - Doxy.me
  - Zoom
- All platforms have strengths and drawbacks with no current perfect solution.

Digital Health/Telemedicine Literacy Gap

- Education for patients on telehealth and benefits of a virtual visit

- Virtual Health Outreach team formed to educate and prepare patients for their upcoming visits

Technology Challenges

- No internet access or spotty access

- No access to computer or smart device

- Incompatible or older devices that do not meet minimum requirements

- Inability to complete electronic registrations/consent forms

Opportunities for the Future

- Continue development of the digital platforms, particularly to improve integration with electronic health records

- Continue patient digital literacy education on the use and benefits of technology

- Use of mobile van to make technology more accessible

- Development of a Cherokee Health Systems App so patients can access connection to visit via App rather than email/text invitation

The views expressed in this presentation are those of the author and do not necessarily represent the opinion of the Centers for Disease Control and Prevention.

NYU Langone Health by the Numbers

7.85m*
Outpatient Visits

6
Inpatient Locations

4
Emergency Departments

12,228
Births

1,693
Beds

124
Operating Rooms

93,200+
Hospital Discharges

234,000+
Emergency Department Visits

7m+
Patients in Our Electronic Health Record

Represents September 2018–July 2019

* Represents projection for full fiscal year, September 2018–August 2019

Our Expanding Footprint

● NYU Langone Locations

★ Inpatient Locations
Tisch Hospital
Kimmel Pavilion
Hassenfeld Children's Hospital
NYU Langone Orthopedic Hospital
NYU Langone Hospital—Brooklyn
NYU Winthrop Hospital

300+ Locations
in the New York Area

PUTNAM

CONNECTICUT

NEW YORK

WESTCHESTER

MANHATTAN

THE BRONX

MANHATTAN

QUEENS

NASSAU

SUFFOLK

BROOKLYN

NEW JERSEY

STATEN
ISLAND

(4)

(1)

FLORIDA

PALM BEACH

BROWARD

MIAMI-DADE

As of August 2019
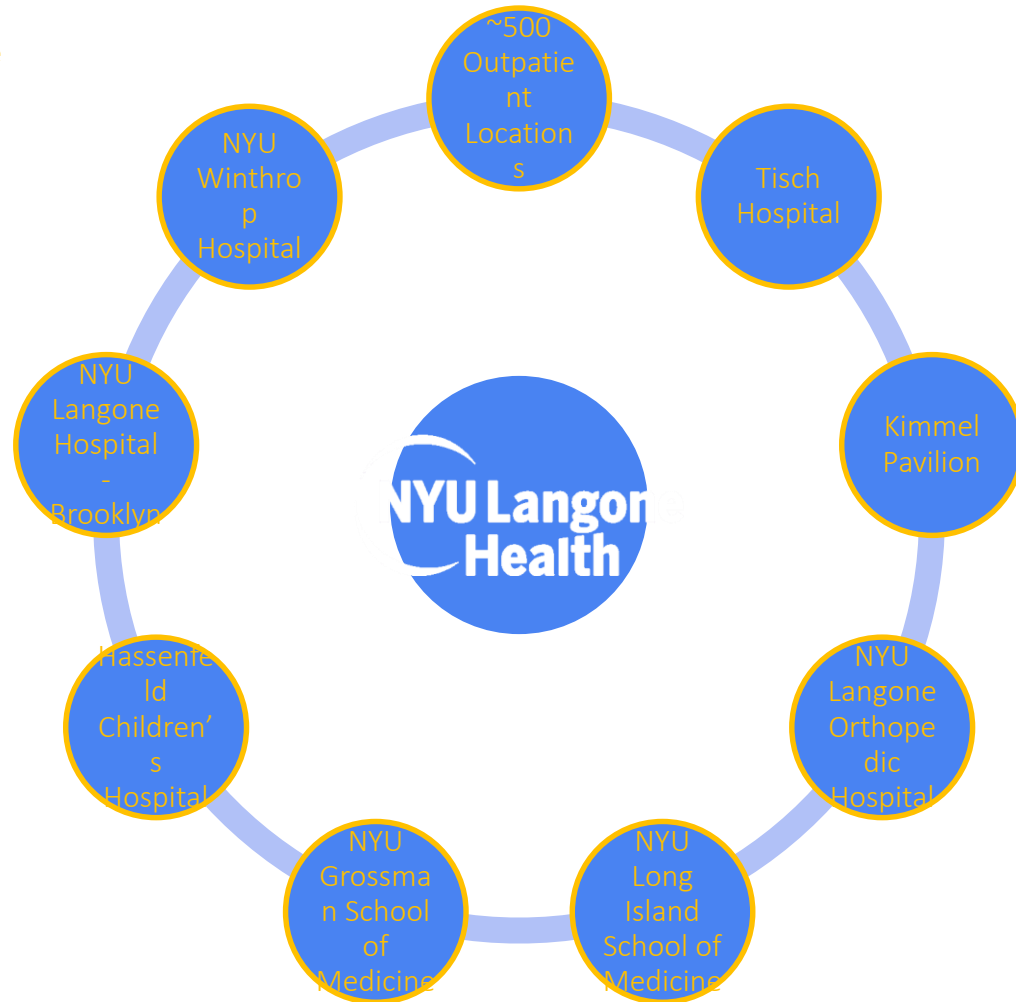
Telehealth Prior to COVID-19 Pandemic

- Utilized by only 8 percent of Americans in 2019[1]

- Telemedicine At NYU Langone Health prior to COVID-19
- Started 2018
    - ~100 visits per day
    - Virtual Urgent Care ~25-35 visits daily
    - Non-urgent virtual care ~75
    - Integrated in the existing Epic EHR with patients utilizing NYU Langone Health App
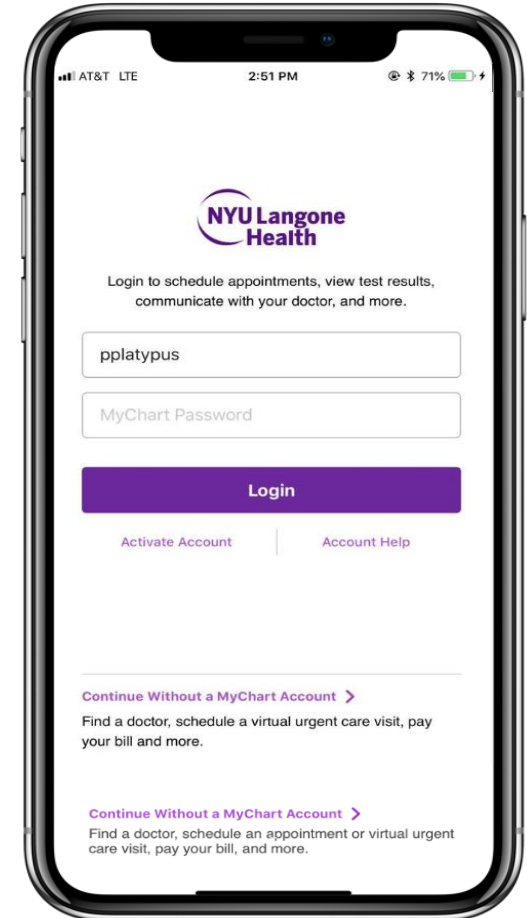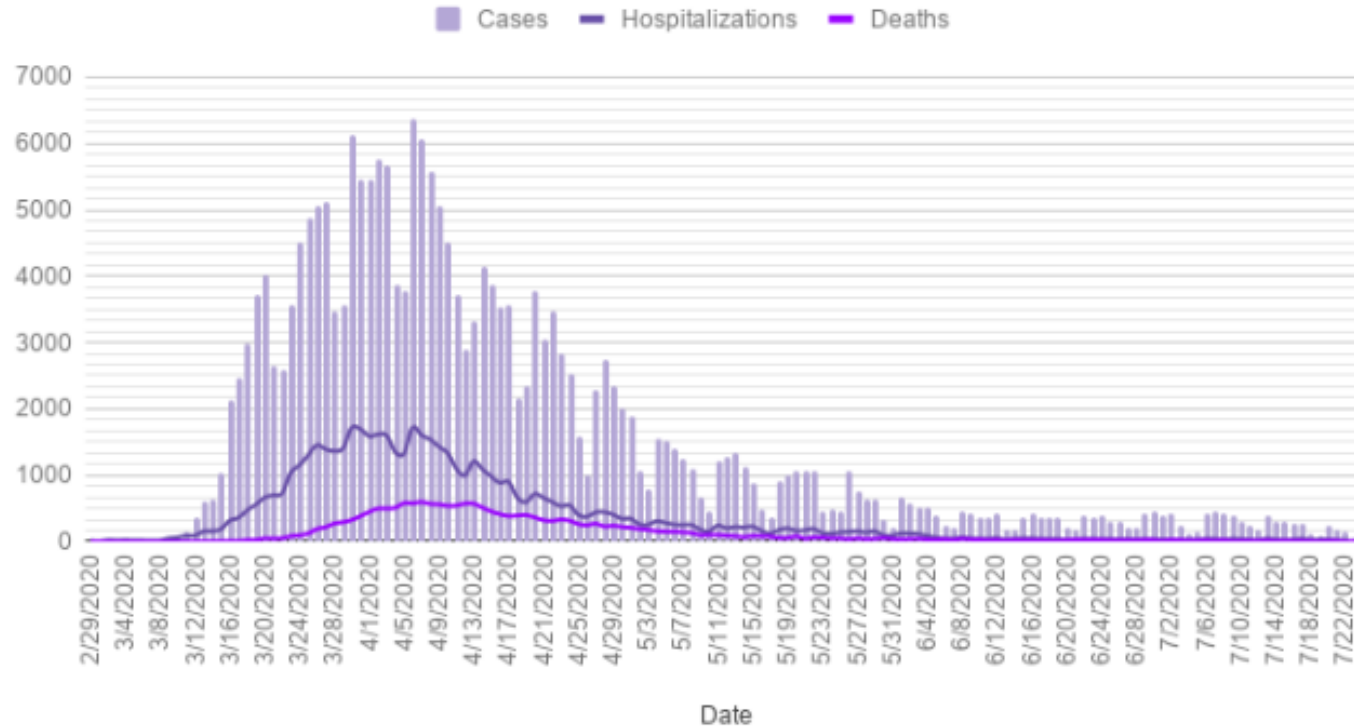
Telehealth at NYU Langone Health Prior to COVID-19
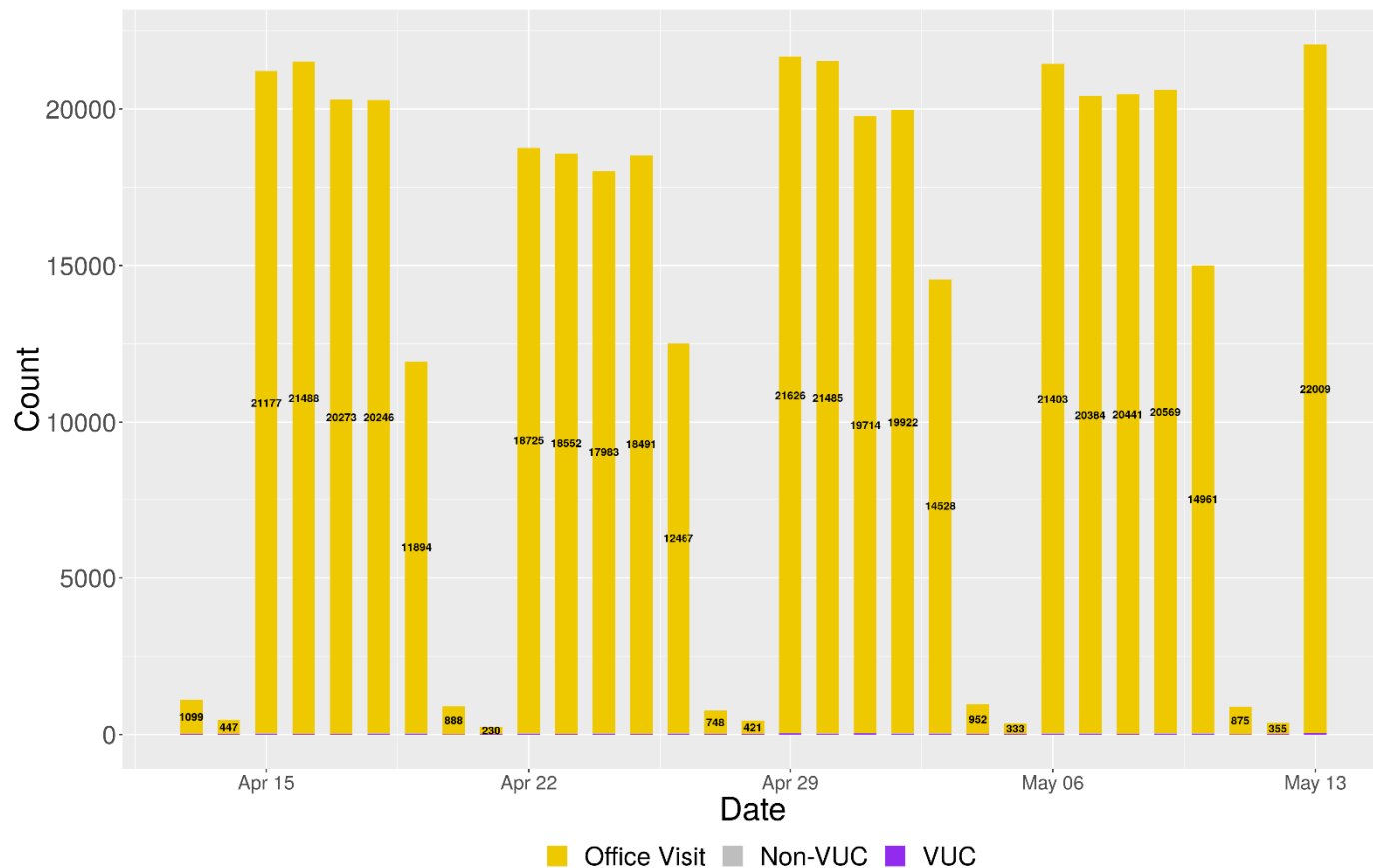
NYC COVID-19 Pandemic Surge
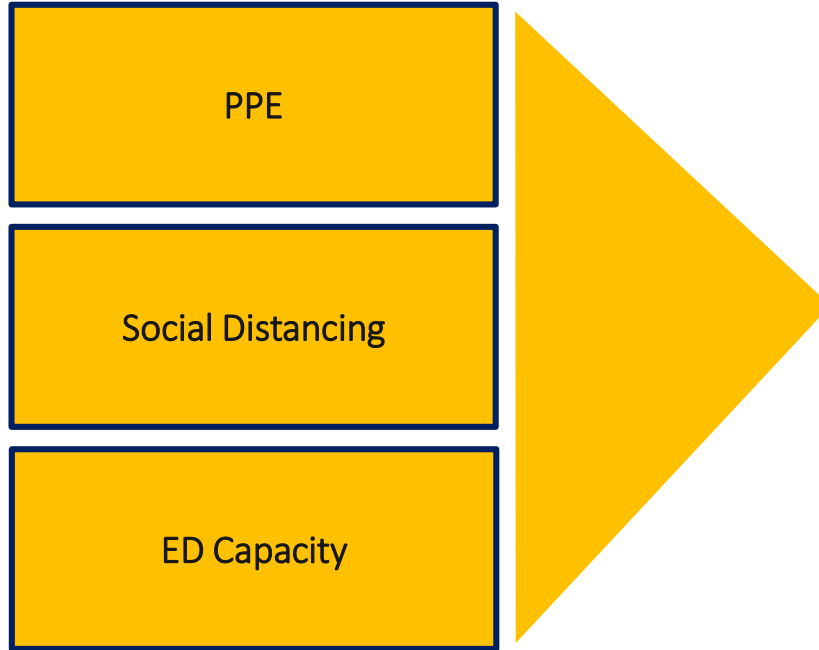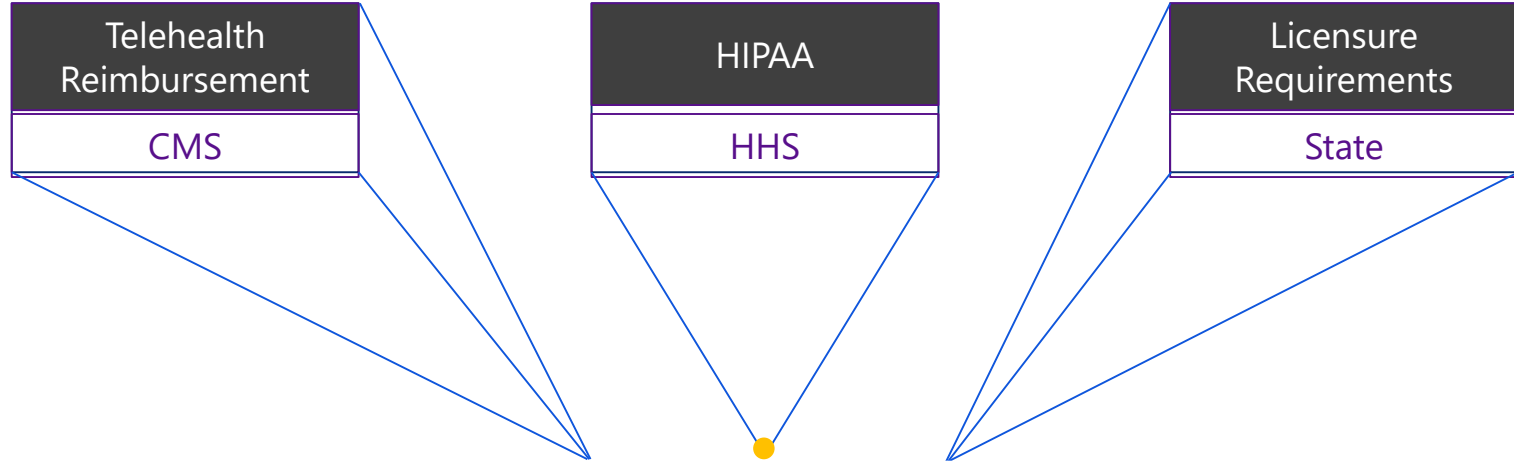

COVID-19 Cases, Hospitalizations and Deaths

Legend: Cases ■ — Hospitalizations — Deaths

X-axis: Date (2/29/2020 to 7/22/2020)
Y-axis: 0 to 7000

Three Pivotal Policy Changes Enabling Telehealth Expansion

Telehealth Reimbursement	HIPAA	Licensure Requirements
CMS	HHS	State

Three Pivotal Policy Changes Enabling Telehealth Expansion

2019
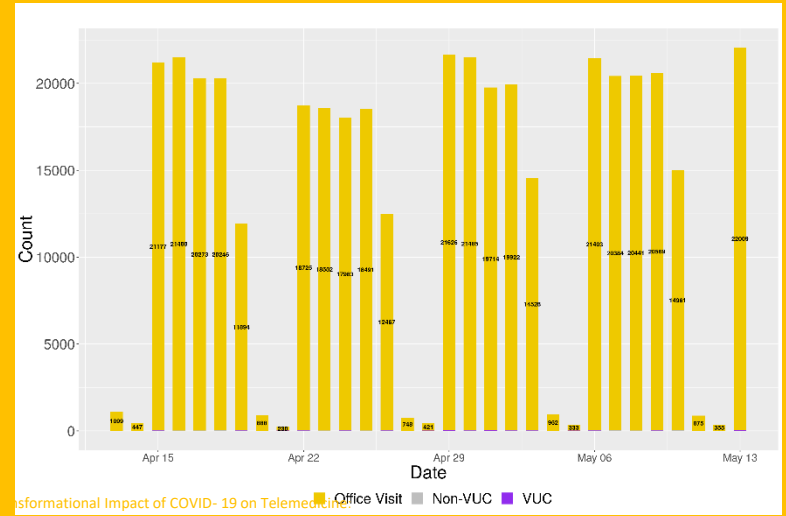
2020
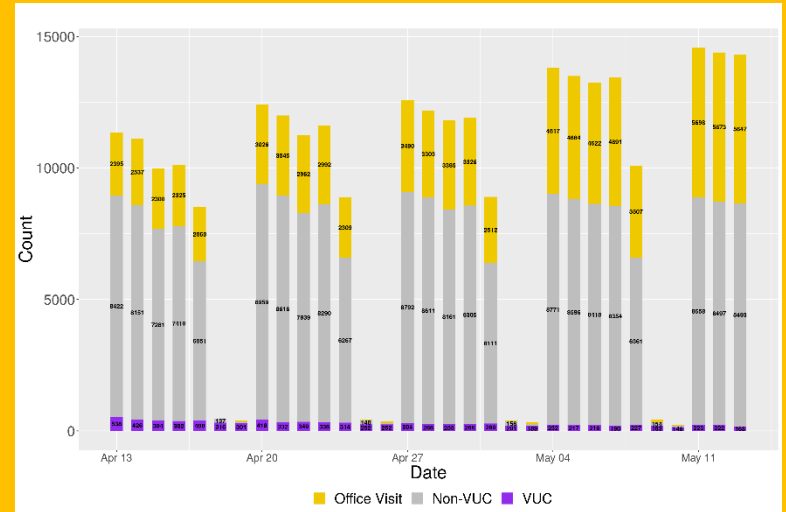
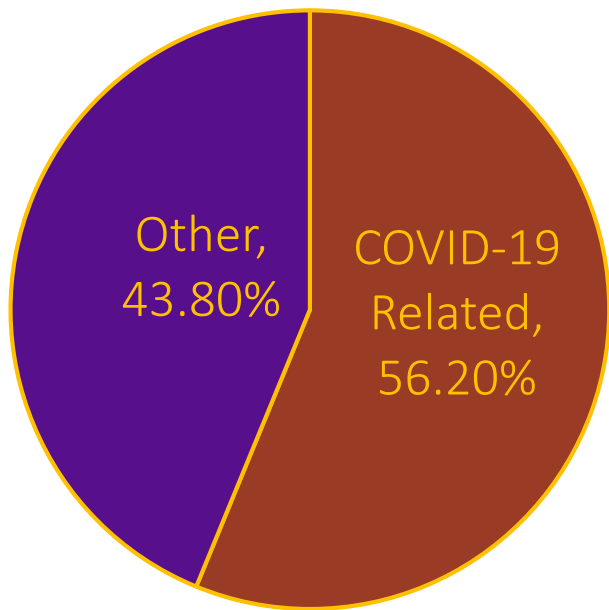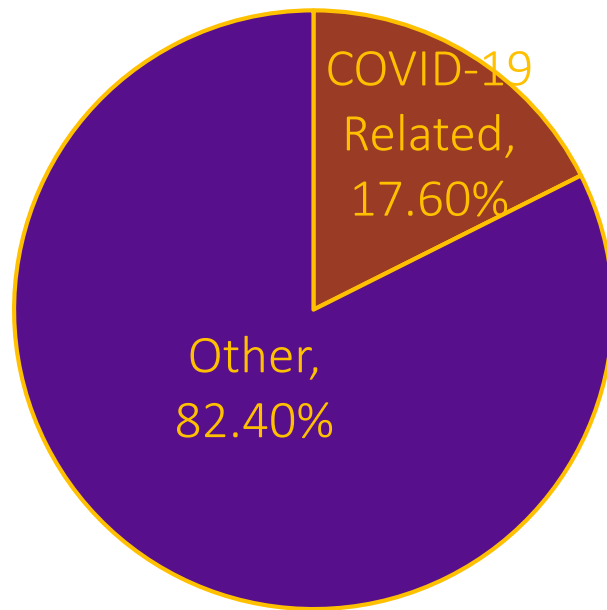NYU Langone Health Virtual Health Video Visit Volume
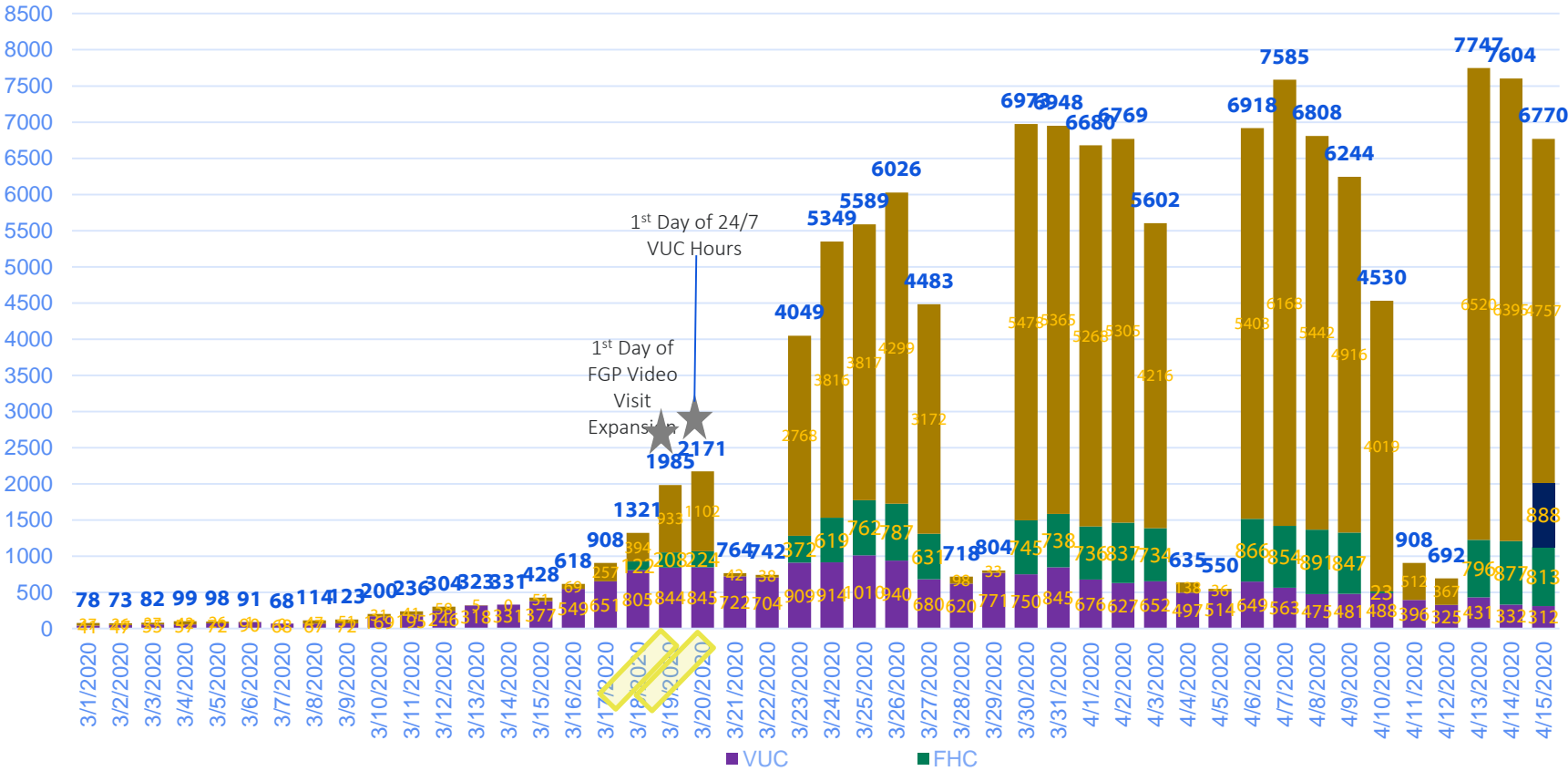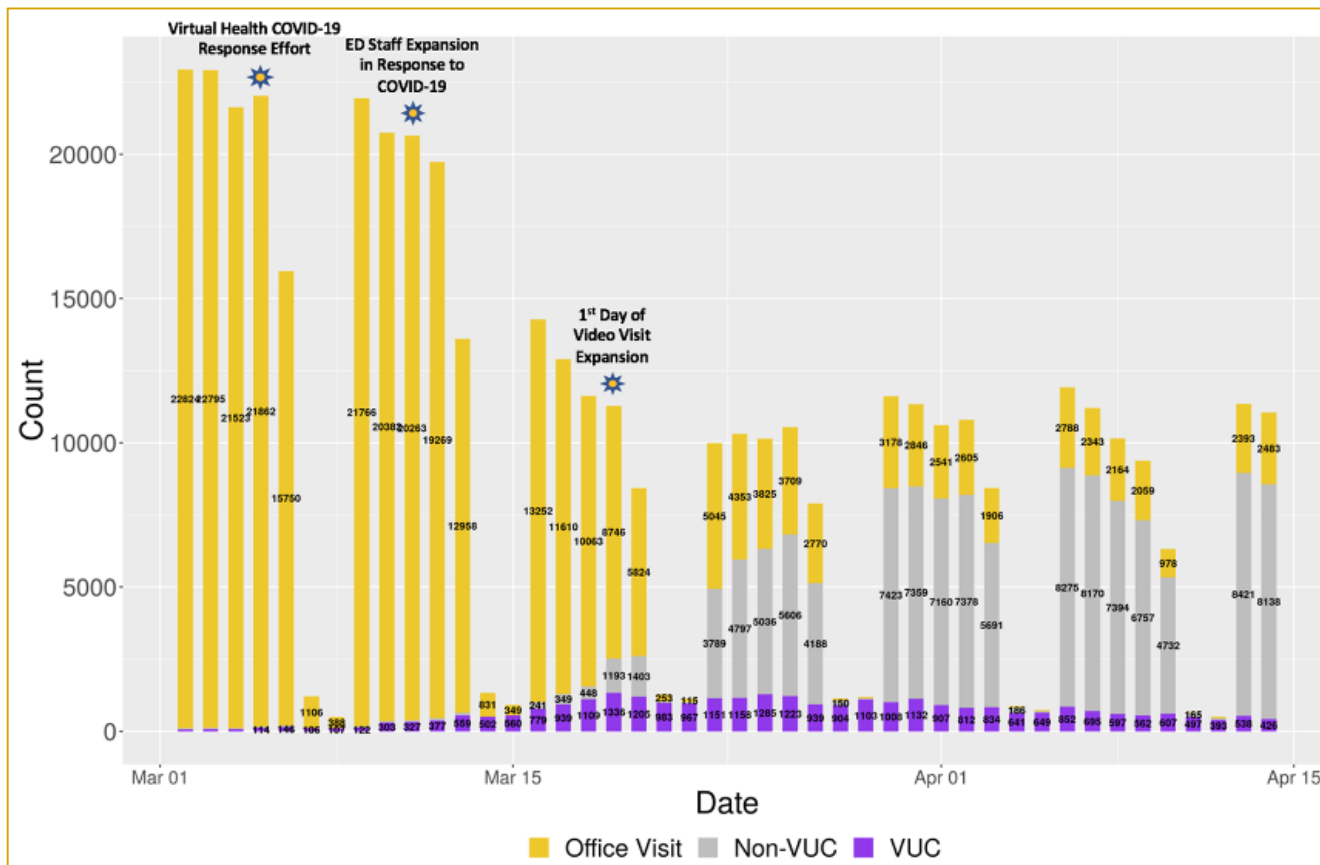
Virtual Health visit Volume Increase in Non-Urgent and Urgent Virtual care with corresponding decrease in office Visits

Virtual Visits During the Surge

Telemedicine Visits vs. Office Visits

Completed Visits on 04/09
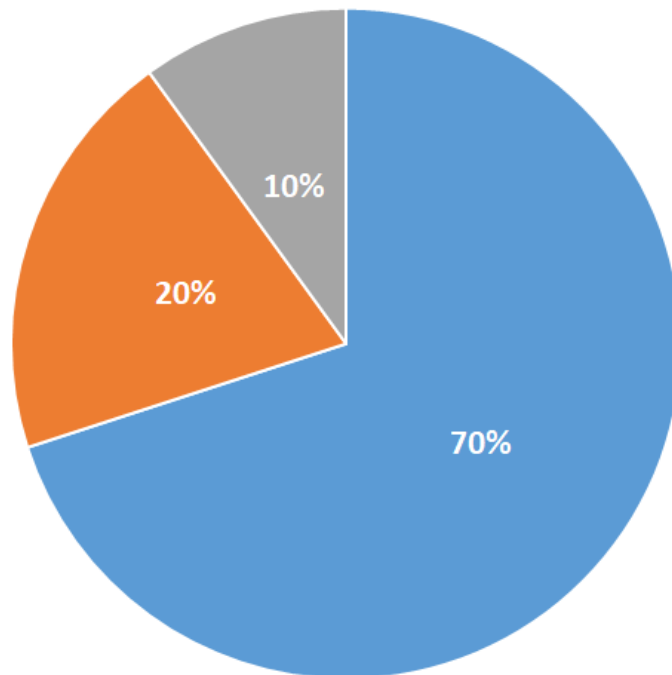
- Video Visits
- Office Visits
- Other Visits

70%

20%

10%

Virtual Health Expansion - Beyond the Ambulatory Visit...
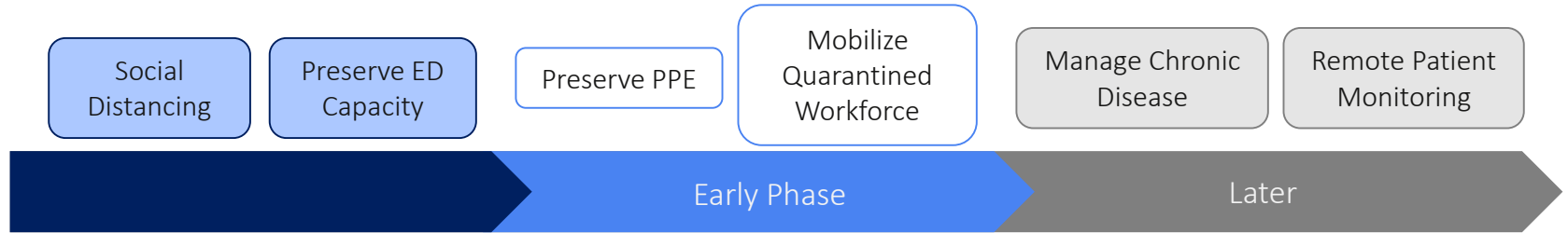
Remote Patient Monitoring - Beyond Ambulatory…

COVID-19 Telehealth Grants

NYU Langone Health received $983,772 to implement bedside telehealth capabilities within our inpatient facilities to support our clinicians who are safely monitoring the sickest of patients.

The NYU Grossman School of Medicine was awarded $772,687 to improve telehealth programs to engage in video visits across our ambulatory practices as well as leverage remote patient monitoring at home and at a distance.

Inpatient Video Capabilities

- Clinician-to-Clinician Video

- Clinician-to-Patient Bedside Video

- Patient-to-Family Video - ~1,500 bedside tablets

- Patient-Family-Clinician Video
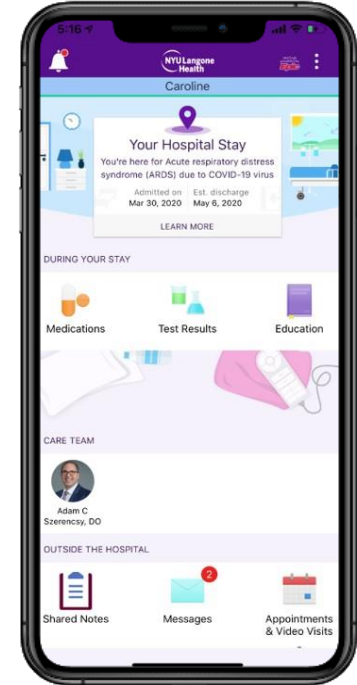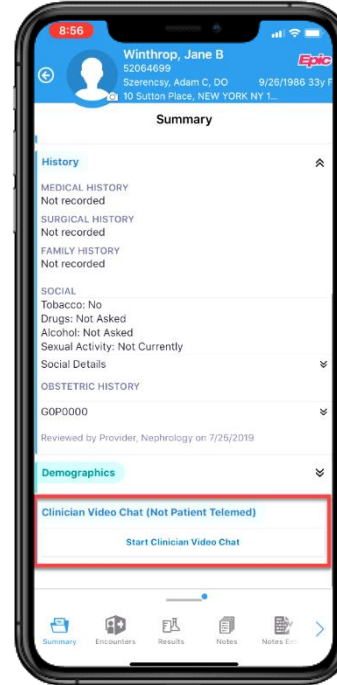
Our army of iPads and tablets help clinicians stay safe, and help patients stay connected with their friends and family

NYU Langone Inpatient Video Connections
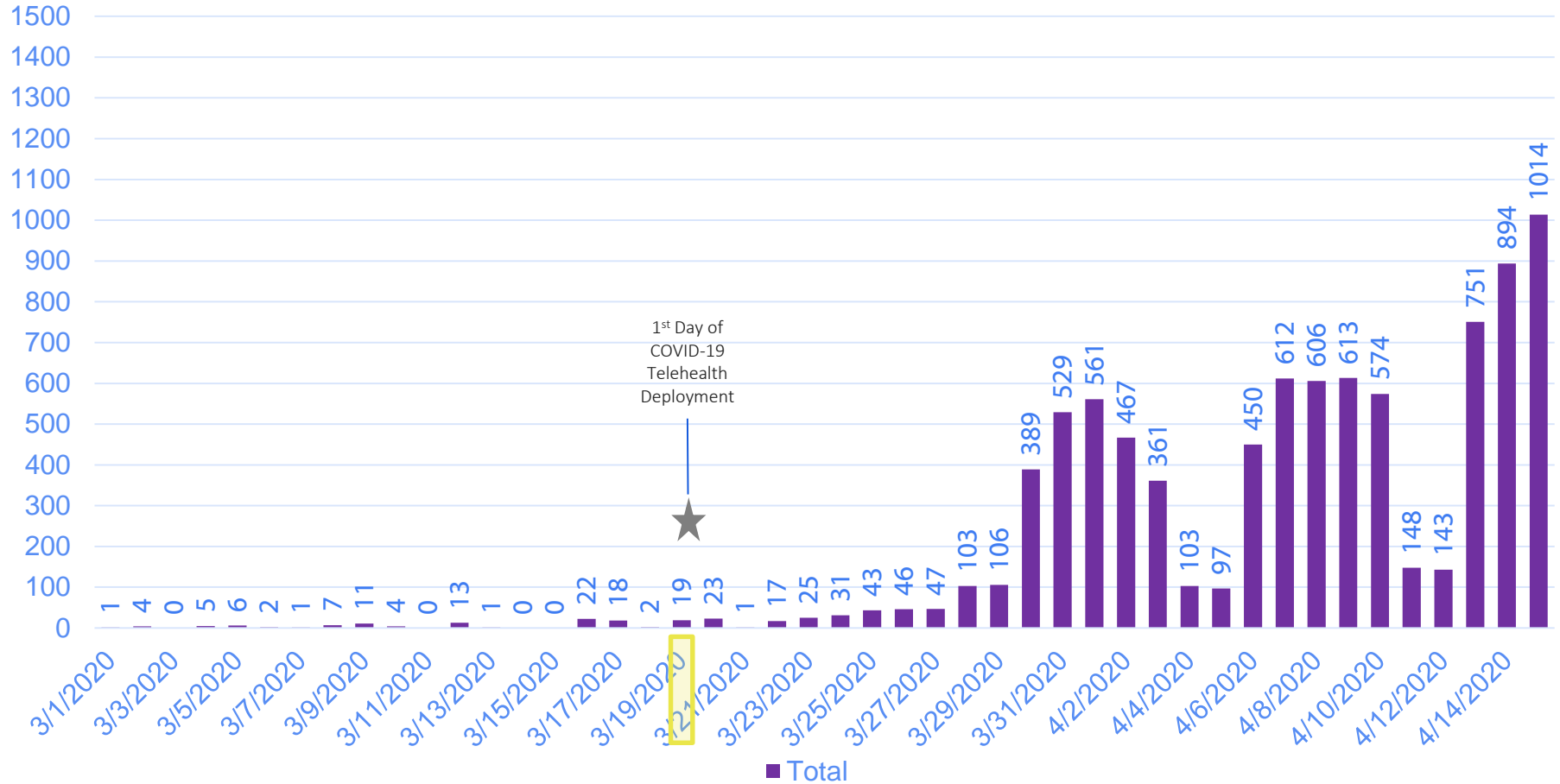
Lessons Learned

Challenges

Training

Tech Support

Patient Communication

Equity

Reimbursement

Ancillary Tasks

CDS

NYU Langone Health

How NYULH Successfully Scaled Virtual Health

8,000

Telehealth Infrastructure
- 2-Year Virtual Health Experience
- 15,000 prior visits

Governance Invested in:
- Digital Health
- Clinician and Patient Digital Experience

100

Future of Virtual Health at NYU Langone Health

- Immediate Future
  - Maintain Social Distancing - currently 30% of our ambulatory visits

- Expansion
  - Beyond Clinicians - Nursing, Pharmacy, Rehab, Lactation, Consultants
  - Remote patient monitoring
  - Longitudinal Care
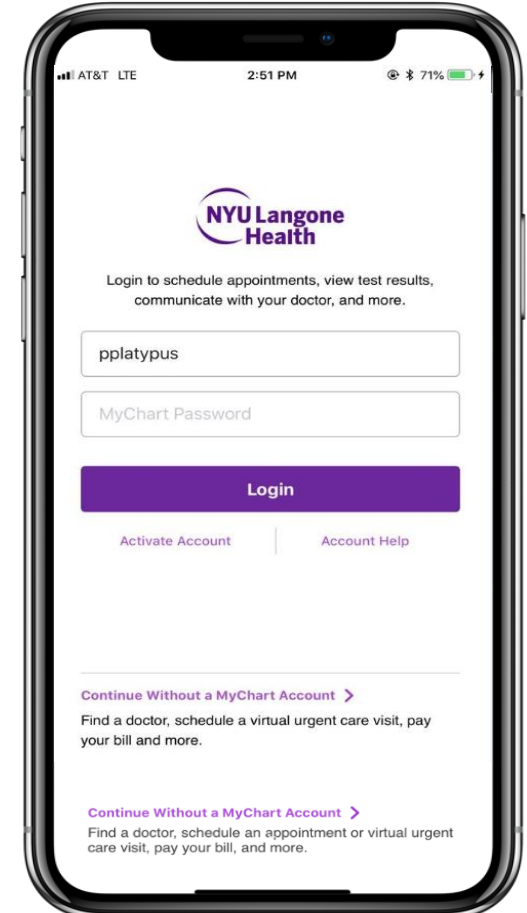
Remote Patient Monitoring

Order Rate By Order Type
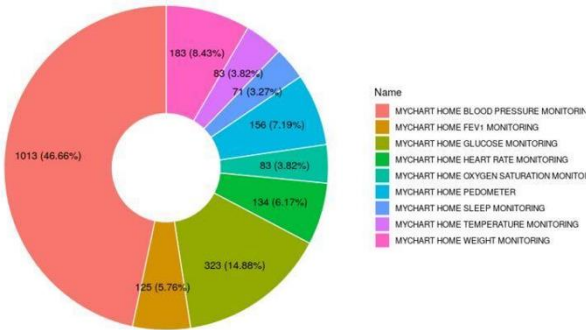
	Name
	MYCHART HOME BLOOD PRESSURE MONITORIN
	MYCHART HOME FEV1 MONITORING
	MYCHART HOME GLUCOSE MONITORING
	MYCHART HOME HEART RATE MONITORING
	MYCHART HOME OXYGEN SATURATION MONITOI
	MYCHART HOME PEDOMETER
	MYCHART HOME SLEEP MONITORING
	MYCHART HOME TEMPERATURE MONITORING
	MYCHART HOME WEIGHT MONITORING

1013 (46.66%)
183 (8.43%)
83 (3.82%)
71 (3.27%)
156 (7.19%)
83 (3.82%)
134 (6.17%)
323 (14.88%)
125 (5.76%)

Virtual Health For Longitudinal Care

Use cases: chronic disease management, pre/post-operative experience

Suite of tools: reminders, tasks, educational videos, care pathways
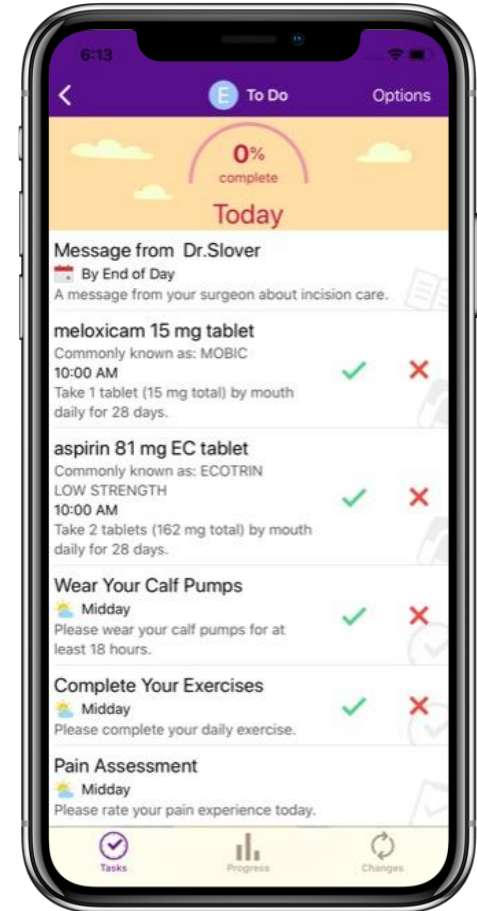
A technology

An emerging ecosystem

A new mode of care delivery

An experience
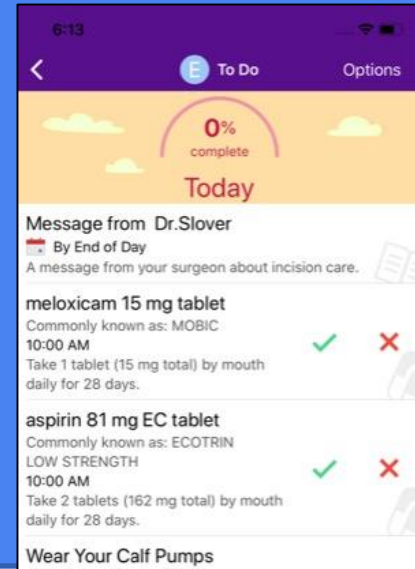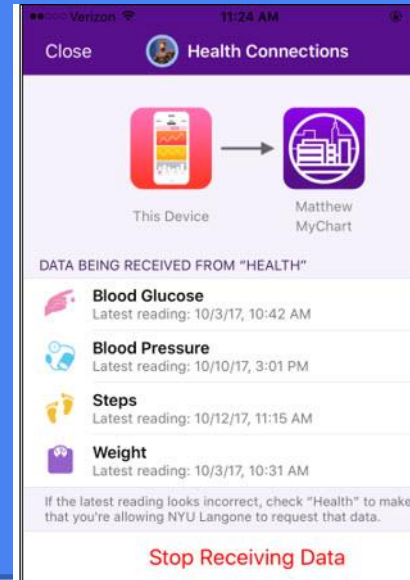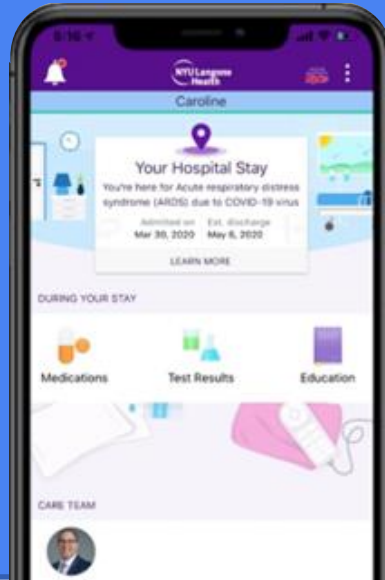
Rasheda V. Prescott M.D.
Physician Informaticist
Clinical Instructor, Internal Medicine and Pediatrics

HJAHC
Henry J. Austin Health Center
QUALITY CARE CLOSE TO HOME

Telehealth Implementation and Expansion During COVID-19

Kemi Alli, MD
Chief Executive Officer
kemi.alli@henryjaustin.org
August 4, 2020

HJAHC: Henry J Austin Health Center

Outline of Discussion

- Who are we?

- How did we implement telehealth?

- What were opportunities and challenges?

- What is the future direction of telehealth?

Who are we . . .

Henry J. Austin Health Center is a federally qualified health center serving the greater Trenton community for over **50 years**! We are accredited by the Joint Commission and we are patient-centered medical home certified by the National Committee for Quality Assurance. We have been recognized by the Health Resources and Services Administration for Enhancing Access to Care; Reducing Health Disparities; and Advancing Quality through Health Information technology.

Who are we . . .

We have 4 stand alone sites; 3 sites embedded within mental health institutions and a homeless shelter; and a mobile health unit.

Over 30,000 active patients and over 70,000 visits in last 12 months

Our Patients

- 1 in 9 are homeless

- Over half African American and female

- 1/3 are Latino

- 2/3 fall 200% or more below the federal poverty level

How we implemented telehealth . . .

Telehealth . . .

- People

- Processes

- Technology
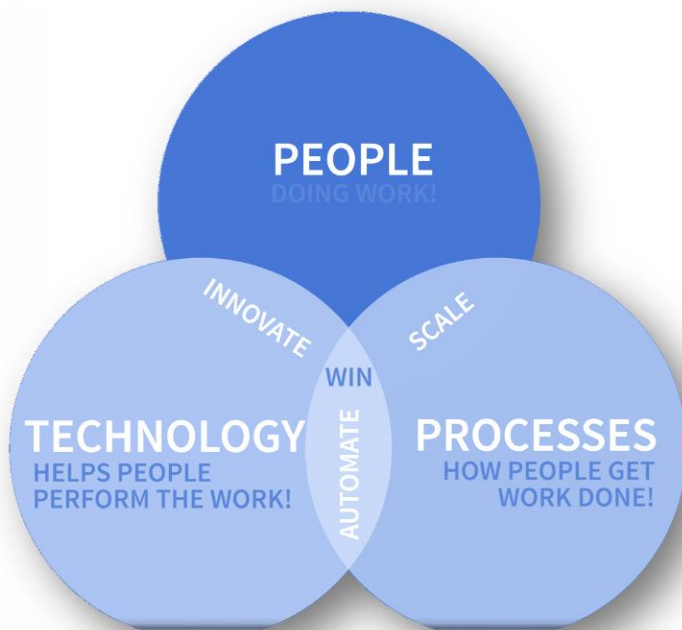
Telehealth – The People

People

Think about all the **people/staff** needed to support this work and can they do it remotely?

- Call Center staff – scheduling appointments

- Patient Representatives – registering patients

- Nurses – triaging

  and screening

People

- Providers – medical decision making

- **Medical Assistants or Community Health Workers** -

    confirming visits and ensuring patients can access

    the system

- Billing Staff – key in this new process!

POSITION	NAMES
Provider Remote	
Check-In	
BHC	
Nurse	
MA	
Other	
Provider Remote	
Check-In	
BHC	
Nurse	
MA	
Other	
Provider Remote	
Check-In	
BHC	
Nurse	
MA	
Other	

HJAHA Telemedicine Cross Functional Flow Chart

Call Center	Patient Reps/Unit Reps	BHC	MA	Provider

CHW may reach out & facilitate telemedi visits

Call center- Schedule appointment from Nottingham

Sched BHC & Med provider:
- Send pt visit info
- Register
- Identify eligible telemed pt

BHC or Medical

BHC

BHC- Reaches out to pt for wellness screen via phone- visit via Doxy

MED

PT Rep- Calls pt 1 hr prior to appt. check educate on telemedicine process. Check in for med & BHC visit even if no pt comm

MA calls pt after Rep to preform med rec, ROS, History. Educate as needed

Provider starts/joins Doxy visit. Reach out to Shilonda for clinical pharm or other services as needed (nutrition etc.

Unit Reps- Help with Athena buckets/ referrals

Telehealth – Process

Processes to think about . . .

- How will staff communicate or "meet" with one another: texting, Zoom or some other platform?

- How will staff communicate with patients: cellphones or an internet platform (Zoom Phone, Google Voice, other)?

  A voice number works on smartphones and the web so you can place and receive calls from anywhere!
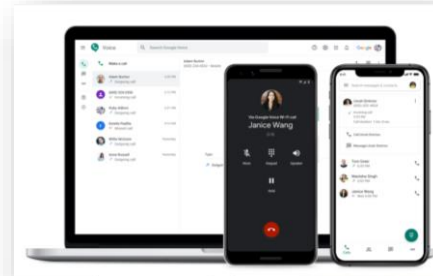
Processes to think about . . .
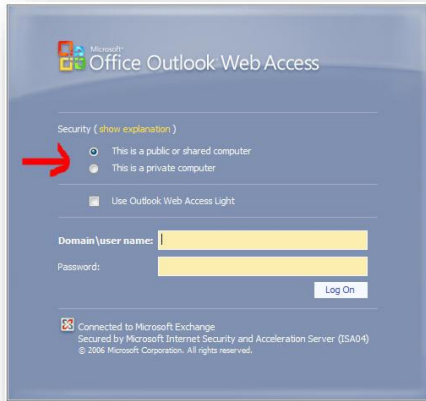
- How will you share documents and other notices between staff: Microsoft 365, log in to Microsoft Outlook through a URL?

Processes to think about . . .

- How do you do routine visits and preventative care like well child check-ups with telemedicine?

Understand the Telehealth Opportunities

TELEMEDICINE

- Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider

TELEPHONIC

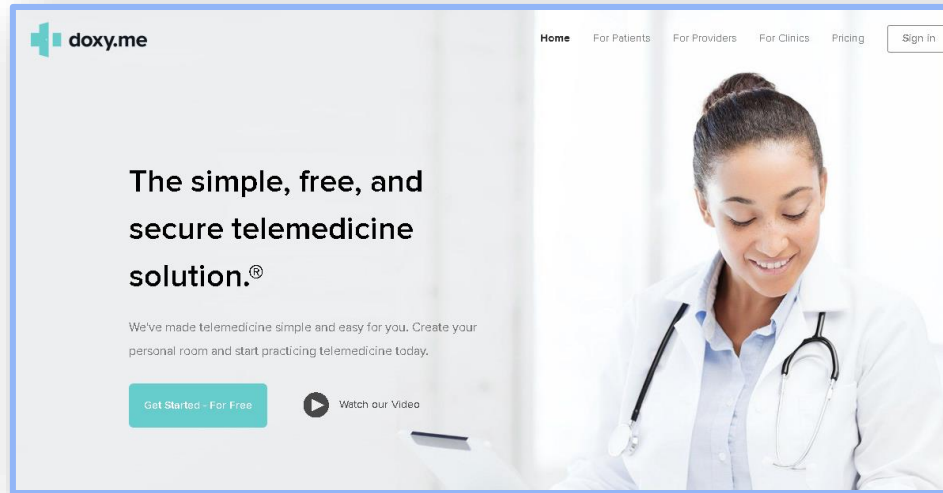- Audio only link between a patient and a care provider

E-CONSULTS

- **Store-and-forward (asynchronous) videoconferencing:** transmission of a recorded health history to a health practitioner, usually a specialist.

- Includes other methods as well . . .

Telemedicine Billing Grid

Telehealth Claim Submission Per Insurance	Package Type	Telemedicine Service Accepted (E&M's) - Wrappable	Patient at home, Provider at Center	Patient at center, Provider at home	Patient at home, Provider at home	Copays / Coinsurance / Deductibles Waived for Duration of Covid-19	Telemedicine CPT's - 15 minutes or more	Telepsych CPT's	Diagnosis Required	POS	Modifer Per Insurance	Telehealth Claim Submission Per Insurance

Understand the reimbursement in your state!

What is the Technology for Telehealth?

Technology

- **Free** version and an inexpensive version

- **Very fast and easy** to set up for **patients** and **providers !** (careful of App requirements)

- Has **audio only** capabilities

- Look for a system to **call patients** from the platform so providers or staff do not need phones! Tip!

Challenges with Telehealth

Creating efficient virtual workflows.

Ensuring governance and community wide understanding of what a telehealth virtual visit is.

Patients' technology deficiencies

Opportunities and Future Direction of Telehealth

- Greater health care access for patients with transportation difficulties and those with disabilities

- County wide collaboration and coalition building (Telehealth Kiosks)

- New recruitment and retention strategies (providers working from home)

Thank You!

Kemi Alli, MD
Chief Executive Officer
kemi.alli@henryjaustin.org

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To Ask a Question

- Using the Zoom Webinar System
  - Click on the "Q&A" button.
  - Type your question in the "Q&A" box.
  - Submit your question.
- For media questions, please contact CDC Media Relations at 404-639-3286 or email media@cdc.gov.

Continuing Education

All continuing education for COCA Calls are issued online through the CDC Training & Continuing Education Online system at https://tceols.cdc.gov/

Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **September 7, 2020,** with the course code **WC2922-080420**. The access code is **COCA080420.** Those who will participate in the on demand activity and wish to receive continuing education should complete the online evaluation between **September 8, 2020,** and **September 8, 2022,** and use course code **WD2922-080420.** The access code is **COCA080420.**

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Today's COCA Call Will Be Available On-Demand

- **When:** A few hours after the live call

- **What:** Video recording

- **Where:** On the COCA Call webpage at
  https://emergency.cdc.gov/coca/calls/2020/callinfo_080420.asp

Upcoming COCA Call

- **Topic: 2020-2021 Influenza Vaccination Recommendations and Clinical Guidance during the COVID-19 Pandemic**

- **Date:** Thursday, August 20, 2020

- **Time:** 2:00-3:00 PM ET

- **Website:** https://emergency.cdc.gov/coca/calls/2020

COCA Products & Services

COCA Call — CDC Clinician Outreach and Communication Activity

COCA Call Announcements contain all information subscribers need to participate in COCA Calls. COCA Calls are held as needed.

COCA Learn — CDC Clinician Outreach and Communication Activity

Monthly newsletter that provides information on CDC training opportunities, conference and training resources, the COCA Partner Spotlight, and the Clinician Corner.

Clinical Action — CDC Clinician Outreach and Communication Activity

As-needed messages that provide specific, immediate action clinicians should take. Contains comprehensive CDC guidance so clinicians can easily follow recommended actions.

COCA Products & Services

Monthly newsletter providing updates on emergency preparedness and response topics, emerging public health threat literature, resources for health professionals, and additional information important during public health emergencies and disasters.
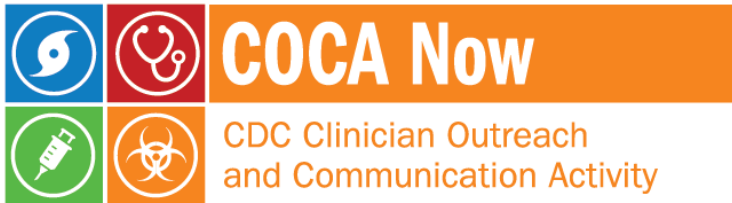
Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.

CDC's primary method of sharing information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

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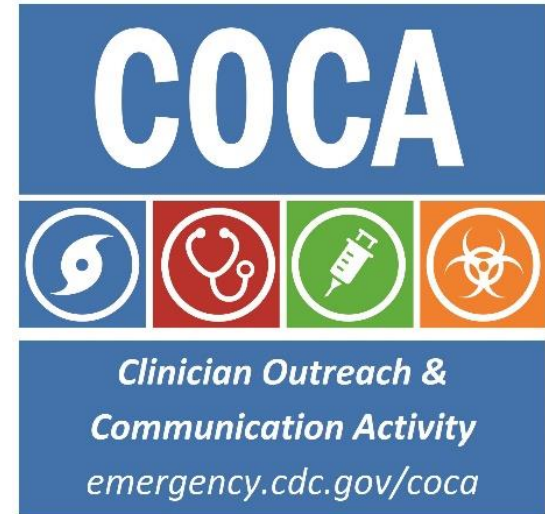
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